

Accident Investigation Data

Event Number: 4 1 6 8 4 5 5

U.S. Department of Labor

Mine Safety and Health Administration



A. Mine Information

1. Mine ID Number: 1 5 - 1 8 1 9 3		2. Mine Name: DIALS BRANCH		3. Operating Company Name: ADDINGTON MINING INC	
4. Mine Location: (Town, County, and State) PHELPS, PIKE, KY 41553				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: S Strip/Open Pit Quarry		6a. Material Mined/Processed: 122101 Bituminous (Surface)		b. Part 48 Exempt? Yes No	
				7. Name Of Seam: (Coal Only) Fire Clay	
8. Mining Data: a. Mining Method: 0 9 Mountain Top Removal		b. Extraction Method: 0 5 Loader			
c. Haulage Method(s): 0 3 Truck					
d. Are explosives used in the extraction of material? Yes X No					
9. Employment: At Time of Accident: a. Underground: b. Surface: 31		10. Production:(Coal only)		11. Hours of Operation: a.Hours per Shift: 10	
Avg Mine Employment: a. Underground: b. Surface: 50		Avg Tons per Day: 3600		b. Shifts per Day: 2 c.Days per Week: 6	
12. Number of Active MMU's:(Coal Only)		13. Methane Liberation:		14. Average Mining Height:	
a. Development b. Retreat:		Cubic Feet in 24 hours		Feet: 9 Inches: 0 6	
15. Management/Labor Officials:					
Title		Name		Address	
Superintendent		David Maynard		1500 North Big Run Road, Ashland, KY 41102	
Safety Director		Keith Smith		1500 North Big Run Road, Ashland, KY 41102	
Safety Director		Caleb Hampton		9060-632 Phelps Rd., Phelps, KY 41553	
Superintendent/Foreman		Blaine Owens		9060-632 Phelps Rd., Phelps, KY 41553	
Foreman		Paul Hamilton		9060-632 Phelps Rd., Phelps, KY 41553	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 05/18/2000 b. Time: 0:45		17. Type of Investigation: Fatal X Non-Fatal Non-injury		18. Accident Classification: 1 4 Natural Gas Ignition		19.Number of Deg. 1-5 Injuries: 1	
20. Location of Accident/Injury/Ill. a. Surface Location: 0 2 Strip Area (Coal Pit)		b. Underground Location:		21.Number of Independent Contractor Companies Involved in Accident: 0			
22. Equipment Involved: a. Type: 760000 992D Front End Loader		b. Manufacturer: 0310 Caterpillar					
#1 c. Model No: 992D Front End Loader		d. Serial Number: 7MJ00199		e. Controls: N N/A			
a.Type:		b. Manufacturer:					
#2 c. Model No:		d. Serial Number:		e. Controls:			

23. Description of the Accident:

On May 17, 2000, at approximately 9:00 p.m. front-end loader operator, Michael E. Moore (victim), and rock truck drivers, Adam Gross and Randall Clark, began removing rock binder from between the No. 3 and No. 4 coal splits in the Fire Clay coal pit. The victim was loading the rock binder with a Model 992D Caterpillar front-end loader into Model 777 Caterpillar rock trucks. A 20-inch diameter high pressure natural gas transmission line, which was relocated at the company's request in October 1999, had been installed parallel to the pit in this area. Work progressed routinely until 12:00 a.m., at which time loading operations ceased while the crew ate lunch. The work of removing the rock binder in the Fire Clay pit resumed at 12:30 a.m., and continued without incident until approximately 12:45 a.m. At that time, the victim was in the process of loading the third bucket load of rock binder into Gross' truck when the bucket of the front-end loader struck and penetrated the natural gas transmission line. The escaping gas was ignited, resulting in a fire which engulfed the loader and the rock truck. Gross, who was not injured, drove his truck through the flames to a safe location. The victim, whose clothes were completely engulfed in flames, jumped from the burning loader and ran across the pit to an area approximately 150 feet from the accident site. First aid by several employees was rendered to the victim, and he was placed on a stretcher. He was then transported in the bed of a pickup truck to a safe location away from the intense heat being generated from the burning loader and gas line. He was transported by ambulance to the Appalachian Regional Hospital in South Williamson, Kentucky, and then air-lifted to the Cabel Huntington Hospital in Huntington, West Virginia. The victim died on May 19, 2000, as a result of the injuries.

The accident investigation team determined the 20-inch diameter natural gas transmission line was ruptured by the loader bucket causing a natural gas ignition which resulted in a fire. The practice of working within the right-of-way of the gas line was being conducted on a regular basis during the previous 3-week period. However, the on-shift examination of the area did not identify the hazard of working in close proximity to the gas line. Warning signs were not posted to depict the exact location of the line and no illumination, other than the equipment lights, was provided in the area. An accurate and up-to-date map of the mine was not being maintained to show the new location of the gas line.

Violation Type			Citation Number	Regulation Cited	Section of the Act
P			7367651	50.10	
Citation	X	Order	Type/Action: 104(a)	Summary of Violation: MSHA was not notified immediately of the accident, jeopardizing accurate information and evidence.	

	C		7367652	77.1200
Citation	X	Order	Type/Action: 104(a)	Summary of Violation: Mine map did not depict the correct location of the gas transmission line after the relocation.

	C		7367653		77.1600	
Citation		Order	X	Type/Action: 104(d)(1)	Summary of Violation: <i>Inadequate warning signs or other warning devices in an area where a known hazard existed.</i>	

	C		7373521			
Citation			Order	X	Type/Action: 103(k)	Summary of Violation: Control purposes, allowing investigation to be conducted.

	C		7373601		77.1713(a)	
Citation	X	Order	Type/Action:	104(d)(1)	Summary of Violation:	Inadequate on-shift examinations where a known hazard existed.

	C			7373602	77.207
Citation			Order	X	Type/Action: 104(d)(1) Summary of Violation: Insufficient illumination where a known hazard existed.

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:			27. Did Technical Support participate in this investigation ?		28. Part 50 Document Control Number:(Form 7000-1):					
Industry: 6.52	This Mine: 0	Contractor:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>					
29. MSHA District Office: Pikeville			30. MSHA Field Office: PHELPS, KY		31. Date Last Regular Inspection Completed: 02/16/2000					
32. Lead Accident Investigator: Name; AR No; Date :			AR No.: 20036		33. Date On-site Investigation Started:		34. Formal Report:		35. Report Release Date:	
Name: Jimmy Brown			Date: 06/22/2000		05/18/2000		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		07/18/2000	

**Continuation of Item 23: Description of the Accident****Continuation of Item 24: Conclusion****Continuation of Item 25: Enforcement Actions:****25. Enforcement Action: Indicate P for procedure type violation, C for condition type, or T for Training type.**

Violation Type		Citation Number							Regulation Cited										Section of the Act					
C			7	3	7	3	6	0	3															

Citation ☐ Order ☒ Type/Action: 107(a)

Summary of Violation: Working too close to a natural gas transmission line for a 3-week period (unsafe work practices).

IC: ☐☐☐☐☐☐☐☐

Accident Investigation Data - Victim Information

U.S. Department of Labor Mine Safety and Health Administration



Event Number: 4 1 6 8 4 5 5

Victim Information: 1

1. Name of Injured/III Employee: <i>Michael E. Moore</i>			2. Sex <i>M</i>	3. Victim's Age <i>30</i>	4. Last Four Digits of SSN: <i>0642</i>		5. Degree of Injury: <i>01 Fatal</i>				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 05/19/2000 b. Time: 14:00</i>						7. Date and Time Started: <i>a. Date: 05/17/2000 b. Time: 18:00</i>					
8. Regular Job Title: <i>182 Front-end loader</i>				9. Work Activity when Injured: <i>053 Operate front-end loader</i>				10. Was this work activity part of regular job? <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div>			
11. Experience a. This Work Activity: <i>2 0 0</i>			b. Regular Job Title: <i>2 0 0</i>			c. This Mine: <i>0 12 0</i>			d. Total Mining: <i>7 0 0</i>		
12. What Directly Inflicted Injury or Illness? <i>045 Fire</i>						13. Nature of Injury or Illness: <i>120 Burn</i>					
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>											
15. Company of Employment:(If different from production operator) <i>Operator</i>										Independent Contractor ID: (if applicable)	
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input checked="" type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input type="checkbox"/>											
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim:					

Victim Information:

1. Name of Injured/III Employee:			2. Sex	3. Victim's Age	4. Last Four Digits of SSN:		5. Degree of Injury:				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:						7. Date and Time Started:					
8. Regular Job Title:				9. Work Activity when Injured:				10. Was this work activity part of regular job? <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>			
11. Experience: a. This Work Activity:			b. Regular Job Title:			c. This Mine:			d. Total Mining:		
12. What Directly Inflicted Injury or Illness?						13. Nature of Injury or Illness:					
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